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S.D. SEC. OF STATE

**STATE OF SOUTH DAKOTA**  
**Statement of Legal Newspaper Ownership and Circulation**

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>Groton Dakota Press</i>		2. DATE <i>10-5-2018</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>36 / Locally</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>P.O. Box 665, Groton, SD 57445</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>P.O. Box 665, Groton, SD 57445</i>		
6. FULL NAME OF PUBLISHER:		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <i>Dakota Press Inc.</i> COMPLETE MAILING ADDRESS <i>13986 412th Ave, Andover, SD 57422</i>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>none</i>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		<i>300</i>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.		<i>25</i>
2. Mail Subscription (Paid and or requested)		<i>132</i>
3. Paid Electronic Copies		<i>0</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		<i>157</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		<i>8</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<i>30</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>195</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		<i>78</i>
2. Return from News Agents		<i>27</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		<i>300</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

*Mandy Sandermeyer*  
(Signature)

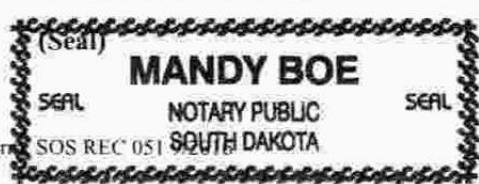
*Publisher, Editor, Owner*  
(Title)

State of South Dakota )

Sworn to before me this 5<sup>th</sup> day of October, 2018

County of Brown ) \$

*Mandy Boe*  
Notary Public



My commission expires: 1-9-2024